

Thomas O. Forslund, Director

Governor Matthew H. Mead

WYOMING OFFICE OF EMERGENCY MEDICAL SERVICES LICENSURE/CERTIFICATION INFORMATION

INDIVIDUALS WISHING TO OBTAIN WYOMING PREHOSPITAL CREDENTIALLING MUST CONTACT THE EMS OFFICE TRAINING STAFF

Dear Applicant:

Welcome! Thank you for your interest in seeking certification in Wyoming. The following information will assist you in obtaining Wyoming EMT certification.

Acceptable EMT training programs are Division approved or those accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

You will need to complete this application in its entirety. Incomplete applications will be rejected and returned to the applicant for completion.

All levels of EMT licensure/certification are required to submit the following:

- 1. If you have obtained certification in another state, you will need to provide a copy of your current certification card from that state. If you have completed a training program in another state and are not yet certified in that state, please submit a copy of the certificate of completion from your training course.
- 2. If you are military and have not obtained a state certification, please submit your current National Registry card or a copy of the certificate of completion from your EMT course.
- 3. All applicants must supply their EMT course information, including copy of course certificate of completion and documentation of clinical, lab, internship, field and didactic hours.
- **4.** A copy of your current BLS Healthcare Provider CPR card that meets American Heart Association Standards or a Professional Rescuer card from the American Red Cross.
- 5. Documentation of all continuing medical education that has been completed within the past two years to date. If you have been certified for less than two years, provide all continuing medical education to date.

Office of Emergency Medical Services 6101 Yellowstone Road, Suite 400 • Cheyenne, WY 82002 Toll Free 888-228-8996 • Main Number (307) 777-7955 • FAX (307) 777-5639

In addition to this information, each level of EMT will need to provide the following additional information:

EMT-Basic:

The EMT-Basic course must meet the 1994 EMT-Basic National Standard curriculum.

Once your application has been received and approved, you will be required to sit for the Wyoming State EMT-Basic examination. This can be accomplished by contacting the EMS office and scheduling a test time with one of the EMS office trainers. Please be prepared to travel to take this examination, either to the EMS Office in Cheyenne or to an EMT-Basic final examination site.

EMT-Intermediate:

The EMT-I training must meet the minimum	of the	1985 or	1999	DOT	EMT-	Interme	diate
National Standard curriculum.							

Which EMT-I curriculum have you completed? _____1985 _____1999

In addition to the above documentation and certification requirements you need to submit the following information:

Current ACLS card if you have completed the Intermediate 1999 curriculum.

List all advanced skills trained in and provide training records to date.

List all medications trained in and provide training records to date.

Once your application has been received, you will be required to sit for our Wyoming State EMT-Intermediate examination. This can be accomplished by contacting the EMS office and scheduling a test time with one of the EMS office trainers. All testing will be conducted at the EMS office in Cheyenne.

Note: The 1985 EMT-Intermediate DOT curriculum did not specifically include "expanded" skills and medications beyond IV therapy and airway management.

Paramedic

Acceptable Paramedic training programs are Division approved or those accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Division approved programs are available upon request. EMT-Paramedic training programs that are not Division approved or accredited by the CAAHEP shall be evaluated and reviewed for approval on a case-by-case basis prior to any testing. All EMT-Paramedic training programs must meet the minimum requirements as outlined in the United States Department of Transportation's National Standard Curriculum for Paramedics.

In addition to the above documentation and certification requirements you need to submit the following information:

A copy of your current ACLS card.

List all advanced skills trained in and provide training records to date.

List all advanced medications trained in and provide training records to date.

Once your application has been received, you will be required to sit for our Wyoming State Paramedic examination. This can be accomplished by contacting the EMS office and scheduling a test time with one of the EMS office trainers. All testing shall be conducted at the EMS office in Cheyenne.

The Licensure/Certification Process:

Once you have successfully completed all paperwork, provided all requested documentation, and passed the examination for your licensure/certification level, you will be eligible for Wyoming EMT licensure/certification.

Please complete one of the following forms:

Office of Emergency Medical Services Service Affiliation Application:

This is for anyone who will be working for an ambulance service or a Division authorized advanced level fire protective service in Wyoming. There is a \$2 fee for this application level.

Wyoming EMT Physician Sponsor Form:

This is for anyone who will not be working for an ambulance service in Wyoming. There is not a fee for this application level.

Every level of EMT must have an identified physician medical director. For the EMT-Basic there are two ways to accomplish this process. You can choose to be affiliated with an ambulance service, or not. Typically those not affiliated will be working for a first response unit, search and rescue, fire department, etc.

The ambulance attendant licensure/certification or non-ambulance licensure/certification shall be effective for the remainder of the year to December 31 of the following year.

For example, if you are licensed/certified in September of 2007, you will have the remainder of the 2007 year and all of the 2008 year. If you are licensed/certified after December 1 of 2007, then you will have all of 2008 and 2009.

EMT-Intermediates and EMT-Paramedics must be employed by an ambulance service or authorized fire protection service with the skill level you are applying for in order for you to remain at the skill level you held prior to your arrival in Wyoming.

For example, if you are a paramedic who is applying to work for an ambulance service that is approved at the EMT-Intermediate level, you would be issued a card at the EMT-Intermediate level.

Please note the EMS office has 30 days to process your paperwork once your application has been approved and all documentation and testing has been completed.

APPLICATION FOR LICENSURE/CERTIFICATION

INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED

Last First			Middle		
Mailing Address:					
Street or PO Box			City	State	Zip
Birthdate					
Sex:Female	Male	Age:	Height:	Weight:	
Color of Eyes:	-	Color of	`Hair:		
ome Phone Cell Phone Business Phone					
Drivers License Number		State of	Issue		
Will you be affiliated with	a Wyom	ing ambul	ance service? Yes:_	No:	
Name of Ambulance Serv	vice:				
Mailing Address:					
Street or PO Box			City	State	Zip
Are you one of the follow	ing:				
First ResponderFire	Fighter_	I	Law Enforcement		
Registered Nurse	Other	(please ex	xplain)		
Number of times you have	applied f	for Wyom	ing Certification:		

Crimes against a Person, Felony Conviction, and Licensing Action: Have you ever been convicted of a crime against a person? Yes____ No____ Have you ever been convicted of a felony? Yes____ No____ Have you ever been subjected to limitations, suspensions or terminations of your right to practice in a health care occupation or voluntarily surrendered a health care license in any State or to any agency authorizing the legal right to work? Yes____ No____ If you answered "Yes" to any questions above, you must provide official documentation of current status and disposition of the case. Eligibility for certification will be handled on a case by case basis. State of Current Licensure/Certificaiton:_____ License/Certification Number: Date of Expiration: **Level of Lisensure/Certification: EMT-Basic** EMT-Intermediate (I-85) EMT-Intermediate (I-99) Paramedic National Registry Number______ Date of Expiration_____ **Course Information (all levels must complete):** Course Location Course Coordinator_____ Coure Medical Director Course Start Date (mm/dd/yyyy) Course Completion Date (mm/dd/yyyy) Course Classroom Hours_____ Clinical Hours____

Course Field Internship Hours

For Paramedic Programs Only:	
Was your course accredited by CAAHEP:	Yes No
Check below any additional courses for wyour current card:	which you are still current and attach a copy of
AHA BLS Provider	AHA BLS Instructor
ARC Professional Rescuer	ARC Professional Rescuer Instructor
AHA ACLS Provider	AHA ACLS Instructor
Wyoming Office of Emergency Medical Se	plication are true and correct. I authorize the rvices to conatct such agencies as may be necessary rve as a realease for said agencies to provide rgency Medical Services.
	icensure/certification in the State of Wyoming a gency Medical Technician Intermediate or
Printed Name of applicant	
Signature of applicant	
Date	

Please remember to attach copies of State Licensure/Certification or Certificate of Completion, current BLS level CPR card, current ACLS card, all completed continuing education, National Registry Card (for military individuals), and skills and medication information if you are applying for EMT-Intermediate or Paramedic levels.

If you have any questions regarding this process, please contact the Wyoming Office of Emergency Medical Services at 307-777-7955.